

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1. Date of Request: _____

2. Serial/Patent # _____

3. Please refund the following fee(s):

4. PAPER
NUMBER

5. DATE
FILED

6. AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

| | |
|---------------------|--------------------|
| FEE VALUE | |
| DEPOSIT ACCOUNT NO. | |
| 03 2775 | |
| FEE CODE | VALUE FURNISHED |
| 1632 | 500 |
| 1642 | 400 |

7. TOTAL AMOUNT
OF REFUND

\$

8. TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9. 03 -- 2775

10. REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11. REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE:

SIGNATURE:

PHONE:

OFFICE:

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED:

DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: